

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-237171	Date Filed 3-6-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sun Diego Charter		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 522 West 8th Street, National City, CA 91950	
3a. Employer Representative - Name and Title Sherri Gonzalez, HR		3b. Address (if same as 2b - state same) 777 Gable Way, El Cajon, CA 92020	
3c. Tel. No. (619) 336-9206	3d. Cell No.	3e. Fax No. (619) 336-9205	3f. E-Mail Address sgonzalez@sundiegocharter.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Industry		4b. Principal product or service Transportation Industry	5a. City and State where unit is located: National City and El Cajon, California
5b. Description of Unit Involved Included: All full time mechanics and technicians Excluded: All other employees, office clericals, guards and supervisors			6a. No. of Employees in Unit: 15 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 03/06/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? None If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 21, 2019	11c. Election Time(s): 12 noon-4:00 p.m.	11d. Election Location(s): Lunch Room, 522 West 8th Street, National City, CA
12a. Full Name of Petitioner (including local name and number) Machinists District Lodge No. 947		12b. Address (street and number, city, state, and ZIP code) 535 West Willow Street, Long Beach, CA 90806-2830

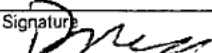
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No. (562) 427-8900	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. (562) 427-1122	12g. E-Mail Address (b) (6), (b) (7)(C)@iam947.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David A. Rosenfeld	Signature 	Title Attorney	Date 3/5/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-237177**

Date Filed **3-6-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Reyes Coca Cola

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1334 South Central Avenue, Los Angeles, CA 90021

3a. Employer Representative - Name and Title
Rose Wanjohi, HR

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
(714) 412-6319

3d. Cell No.
-

3e. Fax No.
(847) 916-9138

3f. E-Mail Address
rwanjohi@reyesholding.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Refreshments

4b. Principal product or service
Refreshments

5a. City and State where unit is located:
Los Angeles, California

5b. Description of Unit Involved
Included: All painters
Excluded: All other employees, office clericals, guards and supervisors

6a. No. of Employees in Unit:
4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 03/06/2019 and Employer declined recognition on or about (Date) (If no reply received, so state) by this Petition**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.
-

8d. Cell No.
-

8e. Fax No.
-

8f. E-Mail Address
-

8g. Affiliation, if any
-

8h. Date of Recognition or Certification
-

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
-

9. Is there now a strike or picketing at the Employer's establishment(s) involved? None If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name
-

10b. Address
-

10c. Tel. No.
-

10d. Cell No.
-

10e. Fax No.
-

10f. E-Mail Address
-

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 20, 2019

11c. Election Time(s):
6:00 a.m.-2:30 p.m.

11d. Election Location(s):
Lunch Room

12a. Full Name of Petitioner (including local name and number)
Machinists District Lodge No. 947

12b. Address (street and number, city, state, and ZIP code)
535 West Willow Street, Long Beach, CA 90806-2830

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.
(562) 427-8900

12e. Cell No.
(b) (6), (b) (7)(C)

12f. Fax No.
(562) 427-1122

12g. E-Mail Address
(b) (6), (b) (7)(C)@iam947.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
David A. Rosenfeld, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.
(510) 337-1001

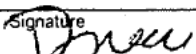
13d. Cell No.
-

13e. Fax No.
(510) 337-1023

13f. E-Mail Address
drosenfeld@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
David A. Rosenfeld

Signature


Title
Attorney

Date
3/8/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-237267**

Date Filed **3-7-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Zenetex (VRC-30 Maintenance Program)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Naval Air Station North Island, Building 525, Coronado, CA 92118

3a. Employer Representative - Name and Title
See Attachment

3b. Address (If same as 2b - state same)
See Attachment

3c. Tel. No.
See Attachment

3d. Cell No.

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Military Contractor

4b. Principal product or service
Military Support

5a. City and State where unit is located:
Coronado, CA

5b. Description of Unit Involved

Included: All full-time and regular part-time aircraft mechanics I, aircraft mechanics II, aircraft mechanics III employed by the Employer on the VRC-30 Program, Building 525, at the Employer's facility currently located at NAS North Island, Coronado, California.

Excluded: Guards, Office Clerical and Supervisors as defined in the Act.

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Thursday March 21, 2019

11c. Election Time(s):
2:45 p.m. - 3:15 p.m.

11d. Election Location(s):
Conference Room or Break Room in Building 525 at NAS North Island

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers, District Lodge 725

12b. Address (street and number, city, state, and ZIP code)
5150 Kearny Mesa Road, San Diego, CA 92111

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.
858-292-5150

12e. Cell No.
(b) (6), (b) (7)(C)

12f. Fax No.
858-292-5488

12g. E-Mail Address
(b) (6), (b) (7)(C) iam725.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Caroline N. Cohen, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenthal 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.
510-337-1001

13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Caroline N. Cohen, Attorney

Signature



Title
Attorney

Date
March 7, 2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Case 21-RC-237267 3-7-2019

Attachment to RC Petition
Zenetex (VRC-30 Maintenance Program) Building 525

3a. Employer Representative – Name and Title		3b. Address	
Lydia Corum, Director of Human Resources		Local Corporate Address: 1550 Hotel Circle North, Suite 180 San Diego, CA 92108	
Stephen F. Finan, Director, Field Maintenance Services		Corporate Address: 2001 L Street NW, Suite 650 Washington, DC 20036	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
Corum: (619) 607-3011 Finan: (410) 961-3026		Corum: (703) 935-8360 Finan: (240) 419-6127	Corum: Lydia.corum@zenetex.com Finan: Stephen.Finan@zenetex.com

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-237273**

Date Filed **3-7-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Obsidian Global LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 11206 Lexington Dr Building 17, Los Alamitos, CA 90720	
3a. Employer Representative - Name and Title Doug Slenker, Dir. Operations/Michelle Texier, HR Mgr		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 202-847-6100	3d. Cell No. 202-548-7731/202-548-7604	3e. Fax No.	3f. E-Mail Address: mtexier@obsidiang.com; dslenker@obsidiang.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Technology Company		4b. Principal product or service Software development	
5b. Description of Unit Involved Included: All full time hourly Computer System Analysts employees employed by the employer at its facility located at 11206 Lexington Dr Building 17 Los Alamitos, CA 90720 Excluded: All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act.		5a. City and State where unit is located: Los Alamitos, CA	
		6a. No. of Employees in Unit: 3	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

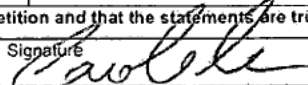
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 21, 2019	11c. Election Time(s): 10:00am to 11:00am	11d. Election Location(s): Jose Baquiran's office in Building 17	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725		12b. Address (street and number, city, state, and ZIP code) 8233 Rochester Ave Rancho Cucamonga, CA 91730	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No. 909-484-2004	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. 909-484-2369	12g. E-Mail Address (b) (6), (b) (7)(C) @iam725.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Caroline N. Cohen, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnoices@unioncounsel.net, ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Caroline N. Cohen	Signature 	Title Attorney	Date March 7, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

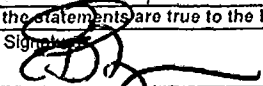
21-RC-237413

Date Filed

03-11-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer: Sheraton San Diego Hotel & Marina		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1380 Harbor Island Dr. San Diego, CA 92101	
3a. Employer Representative - Name and Title: Didier Luneau, General Manager		3b. Address (if same as 2b - state same):	
3c. Tel. No. 619-291-2900	3d. Cell No. unknown	3e. Fax No. 619-692-2337	3f. E-Mail Address didier.luneau@sheraton.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service lodging, food & beverage	5a. City and State where unit is located: San Diego, CA
5b. Description of Unit Involved: Included: See Attachment "A" Excluded:			6a. Number of Employees in Unit: about 510
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/2019 and Employer declined recognition on or about (Date) No Response (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): To be negotiated		11c. Election Time(s): To be negotiated	11d. Election Location(s): Hotel
12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 30		12b. Address (street and number, city, State and ZIP code): 2436 Market Street San Diego, CA 92102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE International Union, AFL-CIO			
12d. Tel. No. 619-516-3737	12e. Cell No. -	12f. Fax No. -	12g. E-Mail Address -
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Eric Myers, Attorney		13b. Address (street and number, city, State and ZIP code): McCracken, Stemmerman & Holsberry, LLP 595 Market Street, San Francisco, CA 94105	
13c. Tel. No. 415-597-7200	13d. Cell No.	13e. Fax No. 415-597-7201	13f. E-Mail Address ebm@msh.law
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Eric Myers		Signature 	Title Attorney
			Date 3/11/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A to Form 502 (RC Petition)
Sheraton San Diego Hotel & Marina

All regular full time and regular part time employees in Food and Beverage, Housekeeping, Front Desk, Bell/Driver, and Maintenance departments, including but not limited to Banquet Captains, Coffee Break Captains, Banquet Servers, Banquet Aisle Attendants, Banquet Bartenders, Lead Banquet Housemen, Banquet Housemen, Restaurant Servers, Bartenders, Bussers, Food Runners, Baristas, Hosts, Marina Market Cashiers, Marina Market Baristas, Room Service Supervisors, Room Service Servers, Room Service Cashiers, Club Lounge Attendants, Cooks (including Kitchen Supervisors, Banquet Cooks, Pastry Cooks, Bakers, Garde Manger, Food Prep) Employee Cafeteria Attendants, Stewarding Supervisors, Stewards, Convention Services Employees, Storeroom Employees, Shipping and Receiving Clerks, Package Room Supervisors, Front Desk Employees, Night Auditors, Phone Operators (CBX), Bell Persons, Shuttle Drivers, Housekeeping Room Attendants, Housepersons, Engineering Supervisors, and Engineers employed by the Employer at its operations at the Sheraton San Diego Hotel & Marina, 1380 Harbor Island Drive, San Diego, California; but excluding all Rooms Control Employees, Spa Employees, Central Reservations Employees, and office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	21-RC-237772	Date Filed	03-15-2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer EDUCATORS FOR EXCELLENCE		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 448 S. Hill Street, Suite 708 CA Los Angeles 90013-	
3a. Employer Representative - Name and Title Evan Stone		3b. Address (If same as 2b - state same) 80 Pine Street 28th Floor NY New York 10005-	
3c. Tel. No. (212) 279-8510	3d. Cell No. (626) 390-1024	3e. Fax No.	3f. E-Mail Address estone@e4e.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Education reform	
		5a. City and State where unit is located: Los Angeles, CA	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 7
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Monday or Tuesday	11c. Election Time(s): 9 a.m. to 12 noon	11d. Election Location(s): 448 S. Hill Street, Suite 708, Los Angeles, CA 90013
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12a. Full Name of Petitioner (including local name and number) Lynnette T. Howard Office and Professionals Employees International Union Local No. 537	12b. Address (street and number, city, state, and ZIP code) 3229 East Foothill Boulevard CA Pasadena 91107-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Office and Professionals Employees International Union, AFL-CIO

12d. Tel No. (626) 577-5600	12e. Cell No. (626) 664-2082	12f. Fax No. (626) 577-0100	12g. E-Mail Address lynnette@opeiu537.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Joseph L. Paller Jr. Attorney Gilbert & Sackman, a Law Corporation		13b. Address (street and number, city, state, and ZIP code) 3699 Wilshire Blvd. Suite 1200 Ste 1200 CA Los Angeles 90010-2732	
13c. Tel No. (213) 900-4690	13d. Cell No. (323) 627-6015	13e. Fax No.	13f. E-Mail Address jpaller@gslaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Joseph L. Paller Jr.	Signature Joseph L. Paller Jr.	Title Attorney	Date 03/13/2019 12:31:20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
All full-time and part-time employees

Employees Excluded
Guards, watchmen and supervisors

DO NOT WRITE IN THIS SPACE	
Case 21-RC-237772	Date Filed 03-15-2019

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-238050**

Date Filed **3-20-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Seldat, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1121 West Artesia Blvd. Compton, CA 90220

3a. Employer Representative - Name and Title
Joseph Pennell - Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
(336) 399-7335

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
joseph.pennell@seldatinc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Distribution Warehouse

4b. Principal product or service
Product Distribution and Transportation

5a. City and State where unit is located:
Fontana, CA; Compton, CA

5b. Description of Unit Involved

Included: All drivers employed at the Fontana, CA and Compton, CA facilities.

Excluded: All other employees, including managers, supervisors, clerical, professional employees, security guards, and independent contractor drivers who own the vehicles they operate.

6a. No. of Employees in Unit:
80

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
ASAP

11c. Election Time(s):
5:00 a.m. - 7:00 a.m.; 4:00 p.m. - 6:00 p.m.

11d. Election Location(s): 1121 West Artesia Blvd., Compton, CA 90220; 9421 Transportation Way, Fontana CA 92335

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 63

12b. Address (street and number, city, state, and ZIP code)
927 Village Oak Drive, Covina CA 91724

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Bradley S. Beherns, Attorney

13b. Address (street and number, city, state, and ZIP code)
3625 Ruffin Road, Suite 300, San Diego CA 92123

13c. Tel No.
(619) 297-6900


13d. Cell No.

13e. Fax No.

13f. E-Mail Address
bsb@sdlaborlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Bradley S. Beherns

Signature


Title
Attorney for Teamsters Local 63

Date
3/19/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238127	Date Filed 3-21-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Coca Cola Bottling		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1334 S. Central Avenue, Los Angeles, CA 90021	
3a. Employer Representative - Name and Title Rose Wanjohi, H.R.		3b. Address (If same as 2b - state same) Sylmar, Torrance, Downey, Montebello, Orange, Rancho Cucamonga, City of Industry, Ventura, California	
3c. Tel. No. (714) 412-6319	3d. Cell No.	3e. Fax No. (847) 916-9136	3f. E-Mail Address rwanjohi@reyesholding.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bottling plant		4b. Principal product or service Refreshments	
5b. Description of Unit Involved Included: All full time Fountain Field Techs Excluded: All other employees, office clericals, guards and supervisors		5a. City and State where unit is located: See 3b. above	
5b. Description of Unit Involved Included: All full time Fountain Field Techs Excluded: All other employees, office clericals, guards and supervisors		6a. No. of Employees in Unit: 55 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

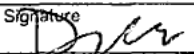
Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **3/21/2019** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 5, 2019	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number) Machinists District Lodge No. 947		12b. Address (street and number, city, state, and ZIP code) 535 West Willow Street, Long Beach, CA 90806-2830	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (562) 472-8900	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. (562) 427-1122	12g. E-Mail Address (b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net, nlrbnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David A. Rosenfeld	Signature 	Title Attorney	Date 3/21/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238208	Date Filed 3-22-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 17610 Bellflower Boulevard, Suite A-110, Bellflower, CA 90706-8002
---	--

3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager	3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705
--	---

3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mhowell@asrcfederal.com
--	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Bellflower, CA
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5b. Description of Unit Involved Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 17610 Bellflower Boulevard, Suite A-110, Bellflower, CA 90706-8002 Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
--	--------------------

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Wednesday April 10	11c. Election Time(s): 12:00 p.m. - 1:00 p.m.	11d. Election Location(s): Break Room or Site Supervisors office at Bellflower location
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725	12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, #130, Folsom, CA 95630
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO


12d. Tel No. (916) 985-8101	12e. Cell No.	12f. Fax No. (916) 985-8121	12g. E-Mail Address iamaw.org
---------------------------------------	----------------------	---------------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
--	---

13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
-------------------------------------	----------------------	-------------------------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date March 22, 2019
---	---	--------------------------	-------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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1\1017291

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238430	Date Filed 3-26-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3812 La Sierra Avenue, Riverside, CA 92505-3528	
3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager		3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705	
3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mhowell@asrcfederal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
4c. City and State where unit is located: Riverside, CA			

5b. Description of Unit Involved
Included: All full time, regular part-time, Biometric Technicians and General Clerks employed by the employer at its facility located in 3812 La Sierra Avenue, Riverside, CA 92505-3528.
Excluded: All managers, branch managers, regional managers, cooperative managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 9
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Thursday April 11, 2019	11c. Election Time(s): 12:00 p.m. - 1:00 p.m.	11d. Election Location(s): Break Room or Site Supervisors office at Riverside location	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947		12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, #130, Folsom, CA 95630	


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (916) 985-8101	12e. Cell No.	12f. Fax No. (916) 985-8121	12g. E-Mail Address (b) (6), (b) (7)(C) @iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Eric J. Wiesner, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address ewiesner@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Eric J. Wiesner	Signature 	Title Attorney	Date March 26, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238592	Date Filed 3/28/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Affordable Engineering Services (AES)(Fleet Readiness Center)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Air Station North Island, Building 325, San Diego, CA 92135	
3a. Employer Representative - Name and Title Pat Godfrey, Manager Human Resources		3b. Address (If same as 2b - state same) 1455 Frazee Road, Suite 860, San Diego, CA 92108	
3c. Tel. No. (619) 522-9800 ext. #103	3d. Cell No. (619) 288-1882	3e. Fax No. (619) 522-9803	3f. E-Mail Address Pat@affordservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5a. City and State where unit is located: San Diego, CA		5b. Description of Unit Involved Included: All full time Aircraft Painters employed by the employer in the Fleet Readiness Program, currently located at Building 472 Paint Shop at its facility located at Naval Air Station North Island in San Diego, California. Excluded: All others, including Guards, Office Clerical and Supervisors as defined in the Act.	
6a. No. of Employees in Unit: 6		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Wednesday, April 10, 2019	11c. Election Time(s): 2:00 p.m. - 3:00 p.m.	11d. Election Location(s): Break Room in Building 472 at NAS North Island, or Conference Room
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12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 725

12b. Address (street and number, city, state, and ZIP code)
5150 Kearny Mesa Road, San Diego, CA 92111

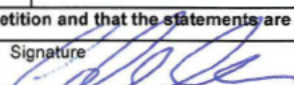
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. 858-292-5150	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. 858-292-5488	12g. E-Mail Address (b) (6), (b) (7)(C)@iam725.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net, dfujimoto@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Caroline N. Cohen	Signature 	Title Attorney	Date March 28, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238605	Date Filed 3-28-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Keck Medicine, USC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1500 San Pablo St., Los Angeles, CA 90033	
3a. Employer Representative - Name and Title Rod Hanners, CEO		3b. Address (If same as 2b - state same) 1500 San Pablo St., Bldg 640, Los Angeles, CA 90033	
3c. Tel. No. (323) 442-8677	3d. Cell No.	3e. Fax No. (323) 442-7231	3f. E-Mail Address rod.hanners@med.usc.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Los Angeles, CA			
5b. Description of Unit Involved Included: All full time, part time, and per diem service, technical and business office clerical employees employed by the employer in the AC Dermatology/ Plastics Clinic at 1450 San Pablo St., Los Angeles CA 90033 Excluded: All other employees, managers, confidential employees, guards, physicians, Registered Nurses (RNs), already represented employees and supervisors as defined by the act.			6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/28/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 4/16/2019	11c. Election Time(s): 8am-930am	11d. Election Location(s): HC4 Conference Room 3200	
12a. Full Name of Petitioner (including local name and number) National Union of Healthcare Workers		12b. Address (street and number, city, state, and ZIP code) 5801 Christie Ave, Suite 525, Emeryville, CA	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none			
12d. Tel No. (818) 241-0140	12e. Cell No.	12f. Fax No. 818-241-0141	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Piete Clayton		13b. Address (street and number, city, state, and ZIP code) 225 W. Broadway, Suite 155 Glendale, CA 91204	
13c. Tel No.	13d. Cell No. 510-290-4811	13e. Fax No. (818) 241-0141	13f. E-Mail Address pclayton@nuhw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Florice Hoffman	Signature Florice Hoffman	Title attorney	Date 3/28/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-238680	Date Filed 3-29-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Affordable Engineering Services (AES)(E-2/C2 FRC Program)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Air Station North Island, Building 460, San Diego, CA 92135	
3a. Employer Representative - Name and Title Pat Godfrey, Manager Human Resources		3b. Address (if same as 2b - state same) 1455 Frazee Road, Suite 860, San Diego, CA 92108	
3c. Tel. No. (619) 522-9800 ext. #103	3d. Cell No. (619) 288-1882	3e. Fax No. (619) 522-9803	3f. E-Mail Address Pat@affordservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	5a. City and State where unit is located: San Diego, CA
5b. Description of Unit Involved Included: All full time Aircraft Mechanics and Sheet Metal Mechanics employed by the employer in the E-2/C2 FRC Program, currently located at Building 460, Naval Air Station North Island in San Diego, California. Excluded: All others, including Guards, Office Clerical and Supervisors as defined in the Act.			6a. No. of Employees in Unit: 11 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition** and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9 Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10 Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Friday, April 12, 2019
11c. Election Time(s): 2:00 p.m. - 3:00 p.m.
11d. Election Location(s): Conference Room or Break Room in Building 460 at NAS North Island

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 725
12b. Address (street and number, city, state, and ZIP code)
5150 Kearny Mesa Road, San Diego, CA 92111


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. 658-292-5150 x106	12e. Cell No.	12f. Fax No. 858-292-5488	12g. E-Mail Address (b) (6), (b) (7)(C) iam725.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David W. M. Fujimoto, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net, dfujimoto@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date March 29, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-237218

Date Filed

3-7-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Moreno Valley Hospital Kaiser Permanente		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 27300 Iris Ave., Moreno Valley, CA 92555	
3a. Employer Representative - Name and Title Renee L. Fininis		3b. Address (If same as 2b - state same) same as 2b.	
3c. Tel. No. (951)251-6000	3d. Fax No.	3e. Cell No.	3f. E-Mail Address renee.l.fininis@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service patient care	
5a. Description of Unit Involved Included: see attachment Excluded: see attachment			5b. City and State where unit is located:

6. No. of Employees in Unit 330	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 121RN		8b. Affiliation, if any	
8c. Address 1040 Lincoln Ave. Pasadena, CA 91103		8d. Tel. No. (626)639-6200	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2019	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) March 28, 2019	13c. Election Time(s) 7:00am-12:00pm(noon); 3:00pm-8:00p	13d. Election Location(s) C4 at Employer's Moreno Valley facility	

14. Petitioner (b) (6), (b) (7)(C) (city, state, ZIP code)		14c. Fax No.	
(b) (6), (b) (7)(C)		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
15a. Name (b) (6), (b) (7)(C)	15b. Title
(b) (6), (b) (7)(C) (city, state, ZIP code)	(b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	
Name (Print) (b) (6), (b) (7)(C)	Date Filed March 6, 2019

WILLFUL FALSE STATEMENTS

D IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

5a. Description of Unit Involved

Included: all full-time, regular part-time, limited part-time, and per diem/on-call and temporary registered nurses, including inpatient charge registered nurses, employed by the Employer at its facility currently located at 27300 Iris Avenue, Moreno Valley, California;

Excluded: all other employees, physicians, other professional employees, business office clerical employees, skilled maintenance employees, technical employees, other nonprofessional employees, managerial employees, guards, and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-237730

Date Filed

03-14-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Andeavor		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1300 Pier B Street, Long Beach, Ca 90813	
3a. Employer Representative - Name and Title Miranda Smith - Lead HR Business Partner		3b. Address (If same as 2b - state same) 6 Centrepointe DIVE, La Palma, CA 90623	
3c. Tel. No. 714-880-1688	3d. Fax No.	3e. Cell No. 714-343-3822	3f. E-Mail Address Miranda.R.Smith@andeavor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Logistics		4b. Principal product or service Petrochemical	
5a. Description of Unit Involved Included: Marine and Land Terminals Excluded:			5b. City and State where unit is located: Long Beach, CA
6. No. of Employees in Unit 5	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent IBEW Local # 2295		8b. Affiliation, if any	
8c. Address 3556 Lexington Avenue El Monte, CA 91731		8d. Tel. No. 626-401-1710	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address ibewlocal2295@earthlink.net
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Decertification		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) ASAP	13d. Election Location(s) TBD	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its contents with knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	Date Filed 03/14/2019

WILLFUL FALSE STATEMENTS

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RM-237552

Date Filed

3-12-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer/Petitioner: Huntington Healthcare Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4515 Huntington Drive South Los Angeles, CA 90032-1940	
3a. Employer/Petitioner Representative - Name and Title: Paul Lee, Environmental Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 323-935-8490	3d. Cell No. 323-225-5991	3e. Fax No.	3f. E-Mail Address Paul707@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility (Healthcare Institution)		4b. Principal Product or Service Patient and residential health care services	
5a. Description of Unit Involved: Included: All full-time, regular part-time, and on call dietary employees, housekeeping employees, nursing employees, laundry employees, maintenance employees and activity assistants Excluded: Bookkeeper, professional employees, supervisory LVN's, guards and supervisors			5b. City and State where unit is located: Los Angeles, California
			6. Number of Employees in Unit: 72

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

- ☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____
☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name Service Employees International Union, Local 2015		8b. Affiliation, if any: SEIU	
8c. Address: 2910 Beverly Blvd Los Angeles, CA 90057		8d. Tel. No. 213-985-1705	8e. Cell No. 213-479-6683
		8f. Fax No.	8g. E-Mail Address ErickaO@seiu2015.org
9. Date of Recognition or Certification On or about June 15, 2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2017	
11. Is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of Labor Organization) N/A		If so, approximately how many employees are participating? N/A , has picketed the Employer since (Month, Day, Year)	
12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None			

12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): April 4, 2019	13c. Election Time(s): 3:00 PM to 5:00 PM	13d. Election Location(s): First Floor Conference Room (next to nurses station)	

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.			
14a. Name and Title: Daniel T. Berkley, Employer/Petitioner's Legal Counsel		14b. Address (street and number, city, State and ZIP code): Fox Rothschild LLP 345 California Street Suite 2200 San Francisco, CA 94104	
14c. Tel. No. 415-364-5555	14d. Cell No. 415-823-1936	14e. Fax No. 415-391-4436	14f. E-Mail Address DBerkley@foxrothschild.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel T. Berkley	Signature 	Title Employer/Petitioner's Legal Counsel	Date 03/12/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.